

substantially perpendicular to the longitudinal axis of the cannula while creating only a minimal penetration into a body of a patient, the clear view cannula including a single piece handle and a shoulder being adapted for use by one hand of a surgeon, the complete control of the clear view cannula being done by the one hand of the surgeon, the tubular body including and the shoulder being configured to engage the teeth and lock the cylindrical sleeve in position relative to the tubular body;

- b. making an arthroscopic penetration of a body wall of a patient using a distal end of the clear view cannula in a first position and positioning the shield members inside a body wall of the patient;
- c. moving the cylindrical sleeve distally relative to the tubular body using finger pressure of the one hand of the surgeon to expand the shield members from the first position aligned with the longitudinal axis of the clear view cannula to the second position wherein the shield members are approximately perpendicular to the longitudinal axis of the clear view cannula, positioning the proximal side of the shield members against the inside of the body wall, the clear view cannula being configured to minimized the distance of penetration of the distal end of the cannula into the patient in the second position, the shield members being configured for securing the torn or fragmented tissue associated with the arthroscopic penetration against the inner surface of the body wall, using the clear view cannula to visualize a joint cavity of the patient; and
- d. returning the clear view cannula to the first position by repositioning the shoulder of the cylindrical sleeve proximally relative to the tubular body so as to return the shield members to the first position using only the one hand of the surgeon, withdrawing the clear view cannula from the body of the patient.

15. The method of claim 14, wherein the step of making a penetration includes using the clear view cannula for the initial penetrating of the body on a joint of a patient.
16. The method of claim 14, wherein the step of making a penetration includes inserting the clear view cannula in an incision.
17. The method of claim 15, wherein the step of making a penetration includes using a trocar positioned in the through hole of the clear view cannula to penetrate the tissue of a patient.
18. The method of claim 14, wherein the step of moving further includes the surgeon applying a proximally directed pull on the handle relative to the cylindrical sleeve to move the shield members from the first position to the second position.
19. The method of claim 14, wherein the step of moving further includes a surgeon applying finger pressure on the shoulder relative to the tubular body to move the shield members from the first position to the second position.
20. The method of claim 14, wherein the step of moving further includes positioning a camera through the clear view cannula, the camera being adapted to visualize a joint cavity of the patient, the shield members in the second position being configured to improve the internal visibility of the camera through the arthroscopic portal by retracting and retaining the torn or fragmented tissue associated with the arthroscopic portal against the inner surface of the body wall.